

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

**ACKNOWLEDGMENT OF MY RESPONSIBILITIES
AS THE EMPLOYER OF MY INDIVIDUAL PROVIDERS**

I wish to receive services from an individual provider paid by the Department of Social and Health Services (DSHS) through the Division of Developmental Disabilities.

I understand and acknowledge that I am primarily responsible for screening and hiring a qualified individual provider and that I am my provider's employer.

- I understand that I may terminate my provider's services at any time and choose a different provider.
- I understand that I am responsible for supervising the daily work and activities of the provider and for approving the hours the provider is billing DSHS for. Although my provider has a contract with DSHS, DSHS cannot supervise my provider's daily work and activities.
- I understand that I can contact my DSHS/DDD Case Resource Manager if I have any concerns about my service plan or about the quality of the care that I am receiving from my provider.
- I understand that DSHS is not responsible for withholding or paying income tax for any individual provider. However, as the source of payment, DSHS is responsible for the withholding and payment of Social Security and Medicare taxes (FICA) and for the payment of federal and state unemployment taxes (FUTA/SUTA) except for certain family members employed as individual providers.
- I understand that DSHS has a responsibility to ensure that providers are doing the work they are being paid for and that I must cooperate with DSHS in these efforts.
- I understand that I have a right to a Fair Hearing if DSHS terminates the Medicaid Personal Care contract of my individual provider.